

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral)...	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
1	1	1	10-2-01
2	2	2	10-2-01
3	3	3	10-2-01
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